AFFORDABLE CARE ACT
MASSACHUSETTS IMPLEMENTATION UPDATE

June 5, 2012

Quick Links

MA-ACA Website

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

Coordinating Center for Interprofessional Education and Collaborative Practice, §5309. Announced June 1, 2012. Funding is available to build an infrastructure for leadership, expertise and support to promote coordination and capacity building for interprofessional education and collaborative practice (IPECP) among health professions, particularly in medically underserved areas. The coordinating center will serve as a source for unbiased expert guidance on issues related to IPECP. This center will also provide infrastructure support for research and evaluation activities, which include data collection, analysis and dissemination. The coordinating center for IPECP will serve as a hub for models that are needed for education and practice in emerging integrated care delivery systems. Partnerships of health professions schools and a healthcare facility are eligible to apply. $800k is available annually for a 5-year project period to one grantee.
Applications are due July 20, 2012.
The announcement can be viewed at: HRSA

The Enhanced Aging and Disability Resource Centers (ADRC) Options Counseling Program, §2405. Announced May 31, 2012. Funding is available to states to develop ADRCs that can serve as a national model for providing long term services and supports options counseling to state residents with these needs. This program will fund states to develop and implement financially sustainable models that will serve people of all ages, disabilities and

income levels. By the end of the project period, funded programs are expected to have five key functions: ADRC Access Points; One-on-One Options Counseling; Streamlined Access to Public Programs; Person-Centered Transition Support; and Quality Assurance. $5.6M in 8 awards is available.
Applications are due July 25, 2012.
The announcement can be viewed at: Grants.gov

Aging and Disability Resource Centers (ADRC) Sustainability Program Expansion Supplemental Opportunity, §2405. Announced May 31, 2012. Funding is available to current ADRC grantees to pursue and develop sustainability strategies for their ADRC Options Counseling Program. Successful applicants must address methods for strengthening the capacity of their current ADRC program to serve people of all ages, disabilities and incomes. Applicants must also develop financially sustainable ADRC models that include revenue from different public programs, such as Medicare, Medicaid, Veterans Health Administration and other programs. $6.9M in 40 awards is available.
Applications are due July 11, 2012.
The announcement can be viewed at: Grants.gov

PPHF 2012: Community Transformation Grants - Small Communities Programs, §4002. Announced May 29, 2012. Funding is available for the implementation, evaluation and dissemination of evidence-based community health activities in order to reduce chronic diseases in neighborhoods and small communities with no more than 500,000 people. Government agencies and non-governmental organizations, including but not limited to, school districts, local housing authorities, health departments, and non-profit and community based organizations are eligible to apply. Progress will be measured from among five outcome measures established by the ACA: changes in weight, proper nutrition, physical activity, tobacco use prevalence and emotional well-being and overall mental health. $70M in 50 awards is available.
Applications are due July 31, 2012.
The announcement can be viewed at: Grants.gov

Guidance

6/1/12 CCIIO released a "Bulletin on the Transitional Reinsurance Program: Proposed Payment Operations by the Department of Health and Human Services." The ACA established three risk-mitigation programs to stabilize premiums in the individual insurance market and minimize the effects of adverse selection that may occur as insurance reforms and the Exchanges launch in 2014. These programs include transitional reinsurance (§1341), temporary risk corridors programs (§1342), and a permanent risk adjustment program (§1343). ACA §1341 provides that a transitional reinsurance program be established in each state to help stabilize premiums for coverage in the individual market during the years 2014 through 2016. All health insurance issuers, and third-party administrators (TPAs) on behalf of self-insured group health plans, will submit contributions to support reinsurance payments to issuers that cover high-cost individuals in non-grandfathered individual market plans.

On March 23, 2012, HHS published the Standards Related to Reinsurance, Risk Corridors and Risk Adjustment final rule to implement policy parameters governing the transitional reinsurance program. Read the rule at: http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf Under the rule, HHS will make payments to health insurance issuers of non-grandfathered individual market plans for the HHS-operated program in states that elect not to operate a transitional reinsurance program.

This bulletin provides an overview of HHS's proposed approach to the implementation of the

payment of reinsurance funds to issuers when HHS is operating the reinsurance program on behalf of a state. In particular, this bulletin specifies the processes and timeframes HHS will employ to identify, calculate, and disburse reinsurance payments for the HHS-operated program.

According to the agency, additional information, such as specific reinsurance payment parameters, will be proposed in the draft annual HHS Notice of Benefit and Payment Parameters, scheduled to be published in the fall of 2012. HHS is seeking comments on several items in the bulletin. (The bulletin does not provide a deadline for the submission of comments; however, HHS states that the comments will be used to inform future guidance.)

Read the Bulletin at: http://cciio.cms.gov/resources/files/reinsurance-program-bulletin-5-31-2012.pdf

6/1/12 HHS/ CMS issued a proposed rule "Patient Protection and Affordable Care Act: Data Collection to Support Standards Related to Essential Health Benefits; Recognition of Entities for Accreditation of Qualified Health Plans." The proposed rule would establish data collection standards necessary to implement aspects of the ACA, which directs the HHS Secretary to define essential health benefits (EHB). The proposed rule outlines the data on applicable plans to be collected from certain issuers to support the definition of essential health benefits and would also establish a process for the recognition of accrediting entities for purposes of certification of qualified health plans (QHPs).

All plans sold in the exchanges and through the small/non-group market must offer a set of **essential health benefits** (§1302), a package of medical services and treatments which includes ambulatory and emergency care, maternity care, prescription drugs and other comprehensive health care services in ten categories. HHS has previously issued some guidance on EHB. A bulletin on HHS' intended benchmark approach to defining EHB was published on December 16, 2011. Read the EHB bulletin at: CCIIO On February 17, 2012, HHS issued a list of FAQs to provide additional guidance on the agency's intended approach to defining EHB. The set of FAQs contains further information about the process of selecting and updating a benchmark, states' responsibility with respect to state-mandated benefits, and the application of benchmarks to plans that have enrollees in multiple states. Read the FAQ's at: http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf
On January 25, 2012, CCIIO released a document "Essential Health Benefits: Illustrative List of the Largest Three Small Group Products by State" which provides information about the kinds of benchmark plans that states could consider when formulating their EHB packages. Read the "Essential Health Benefits: Illustrative List of the Largest Three Small Group Products by State" document at: CCIIO HHS stated that the agency expects to "pursue comprehensive rulemaking on essential health benefits in the future."

In addition, the rule proposes the first phase of a two-phased approach for recognizing accrediting entities to implement the standards established under the ACA for **qualified health plans** to be accredited on the basis of local performance by an accrediting entity recognized by the HHS Secretary on a timeline established by the Exchange. In the first phase, the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC) would be recognized as accrediting entities on an interim basis. According to HHS, a criteria-based review process in phase two would be adopted through future rulemaking. ACA §1311 provides that, in order to be certified as a QHP and operate in an Exchange, a health plan must be accredited. In a separate rule titled "Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers" (Exchange Rule) published in the March 27, 2012 Federal Register, HHS specified that a QHP issuer must be accredited by an entity recognized by HHS. Read the Exchange Rule at: http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf

Comments are due July 5, 2012.
Read the **"Patient Protection and Affordable Care Act: Data Collection to Support Standards Related to Essential Health Benefits; Recognition of Entities for Accreditation of Qualified Health Plans"** proposed rule (published in the Federal Register on June 5, 2012) at: http://www.gpo.gov/fdsys/pkg/FR-2012-06-05/pdf/2012-13489.pdf

Prior guidance can be viewed at www.healthcare.gov

News

5/30/12 CMS announced a new ACA initiative, the Partnership to Improve Dementia Care in Nursing Homes, to ensure appropriate care and use of antipsychotic medications for nursing home patients. Through the initiative, CMS will partner with states, nursing homes and other providers, advocacy groups and caregivers and set a national goal of reducing inappropriate use of antipsychotic drugs in nursing home residents by 15% by the end of 2012. According to CMS, unnecessary antipsychotic drug use is a significant challenge in ensuring appropriate dementia care. CMS data shows that in 2010 more than 17% of nursing home patients were given daily doses of antipsychotics that exceeded recommended levels. CMS also stated that almost 40% of residents with dementia were receiving the antipsychotics even though they didn't have a diagnosis that would warrant it.

The initiative consists of the following: 1) A training series for nursing homes, called Hand in Hand, will emphasize person-centered care, prevention of abuse, and high-quality care for residents. CMS is also providing training focused on behavioral health to state and federal surveyors; 2) CMS is making data on each nursing home's antipsychotic drug use available on the federal Nursing Home Compare website later this year; and 3) CMS is emphasizing non-pharmacological alternatives for nursing home residents, including potential approaches such as consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities.

Visit the Nursing Home Compare at website: Medicare
Read the press release at: CMS

5/30/12 CMS posted an updated Frequently Asked Questions document on the Initiative Announced to Reduce Avoidable Hospitalizations among Nursing Facility Residents under §3021 of the ACA. The Initiative, which aims to improve the quality of care for people residing in nursing facilities, was announced earlier this spring. Notice of Intent to Apply Letters were due to CMS on May 7, 2012 and full applications are due June 14, 2012.

CMS will support organizations that partner with nursing facilities to implement evidence-based interventions that both improve care and lower costs. The initiative is focused on long-stay nursing facility residents (rather than those likely to experience only a brief post-acute stay and then return home) who are enrolled in both Medicare and Medicaid (known as duals), with the goal of reducing avoidable inpatient hospitalizations. Through this initiative, CMS will partner with eligible, independent, non-nursing facility organizations (referred to as "enhanced care and coordination providers") to implement and test evidence-based interventions that reduce avoidable hospitalizations. Eligible organizations can include physician practices, care management organizations, and other public and not-for-profit entities. The enhanced care and coordination providers will collaborate with states and nursing facilities, with each enhanced care and coordination provider implementing its intervention in at least 15 partnering nursing facilities.

Total Initiative funding is up to $128 million and CMS expects to make approximately seven awards, ranging from $5 million to $30 million each to cover a four-year cooperative agreement period of performance from 8/25/12 through 8/24/16. CMS anticipates making cooperative agreements awards by 8/23/12.

Read the FAQs at:
http://innovations.cms.gov/Files/x/rahnfr-faq.pdf
More information is available at:
http://innovation.cms.gov/initiatives/rahnfr/

Upcoming Events

3 R's Work Group Open Stakeholder Meeting
Session to Discuss ACA Provisions Related to Reinsurance, Risk Adjustment and Risk Corridors
Friday, June 22, 2012
10:00 AM - 11:30 AM
1000 Washington Street, Boston
Hearing Room E, DOI Offices

If any interested persons are unable to attend the meeting in person, they can participate in the session by calling the number below. We highly encourage people to attend in person as the acoustics in the Hearing Room can be difficult.
Dialing Instructions:
Dial 1-877-820-7831
Pass Code 371767# (please make sure to press # after the number).

Bookmark the **Massachusetts National Health Care Reform website** at: http://mass.gov/national health reform to read updates on ACA implementation in Massachusetts.

Remember to check http://mass.gov/masshealth/duals for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.